PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0551-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. Application Number 09/934,926 TRANSMITTAL Filing Date 8/21/2001 RECEIVED FORM First Named Inventor David W. Grawrock CENTRAL FAX CENTER Art Unit 2137 Examiner Name Callahan, Paul E. (to be used for all correspondence after initial filing) Attorney Docket Number SYMA-01045US0 26 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC |√| Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to YC **√** Petition Amendmenl/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information Provisional Application Power of Altomey, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Fliesler Meyer LLP Signature David T. Xue Reg. No. 54.554 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: 571-273-8300 Signature Date Laura Hulac Typed or printed name

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PAGE 1/26 * RCVD AT 4/25/2006 7:53:51 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/35 * DNIS:2738300 * CSID:415 362 2928 * DURATION (mm-ss):06-36

PTQ/\$B/17 (01-06)

Approved for use through 07/31/2006, OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/934,926 Application Number REGEIVED RANSMIT Filing Date 8/21/2001 CENTRAL FAX CENTER For FY 2006 David W. Grawrock First Named Inventor APR 2.5 2006 Examiner Name Callahan, Paul E. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2137 TOTAL AMOUNT OF PAYMENT 120.00 SYMA-01045US0 Attorney Docket No. METHOD OF PAYMENT (check all that apply) JMoney Order Credit Card None Other (please identify): ✓ Deposit Account Deposit Account Number: 06-1325 Fliesler Meyer LLP Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge any auditoria. under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information abould not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SÉARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity** Fee (\$) Application Type Fee (\$) Fees Paid (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 130 50 65 200 Plant 100 300 160 150 80 300 Reissue 150 500 250 600 300 200 Provisional 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Eee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets <u>Total Sheets</u> Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1 Month Extension of Time 120.00 SUBMITTED BY Registration No. 54,554 Telephone 415,362,3800 Signature Name (Print/Type) David T. Xue Date 25/06

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